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NAVY AND MARINE CORPS NEWS

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FH3 Tests Patient Tracking System In Iraq
By Doris Ryan, Bureau of Medicine and Surgery

SOUTHERN IRAQ - Fleet Hospital Three is successfully testing a unique patient tracking system developed by Navy researchers. The Tactical Medical Coordination System (TacMedCS) is a wireless communication network designed for field use that captures and displays real-time casualty data.

The system, originally designed for Fleet Marine Force (FMF) corpsmen to locate injured Marines during urban combat and document medical care, was reconfigured in record time to allow the fleet hospital to track patients moving through its facility.

The original TacMedCS includes three components: a wearable plastic tag with an embedded electronic chip to store individual medical information; a palm-sized scanner to electronically read and write to the chip, and a central server with a database and a digital map display of the operational areas.

With four years of research and multiple field trials during Marine Corps exercises to their credit, the research team from the Naval Aerospace Medical Research Laboratory, Pensacola, Fla., headed by Chief Hospital Corpsman Michael E. Stiney, already had the chips, scanners and server needed by Fleet Hospital Three. Instead of tags, the fleet hospital wanted patient wristbands, an easy task for the team and their civilian partners. The real obstacle was rewriting the software to capture the information the fleet hospital required.

" We were asked to modify the TacMedCS system and we did," said Stiney, a cardiovascular technologist and FMF corpsman. In just one week, the team deployed 800 wristbands, a wireless network complete with relays and antennas, a laptop with the database, five scanners and a server. "

The point man for the test is Lt. David Everhart, nursing informatics officer with Fleet Hospital Three. Everhart explained how TacMedCS is being used at the fleet hospital.

The hospital receives patients primarily from forward surgical units and also serves as the "community hospital" for the region of operation. The patient administrative staff assembles charts for each patient, which includes a TacMedCS wristband. The casualty receiving corpsman scans the patient's wristband, injuries and treatments are documented, and the patient is then moved to one of the three wards, the Operating Room, or the Intensive Care Unit.

Movement through the fleet hospital is recorded and tracked by scanning the wristband. When the patient leaves the fleet hospital the final disposition is electronically written to the wristband.

Fleet Hospital Three is a 500-bed level three facility with modular capability. For Operation Iraqi Freedom, the facility was configured to a 116-bed expeditionary medical facility that included a casualty receiving unit, an operating room, three inpatient wards, and an intensive care unit. Ancillary services included laboratory, radiology, and pharmacy suites.

Everhart added, " From a beta test standpoint, I feel that this has been very successful. Although we experienced some software problems initially, we have the system in place and working as anticipated. As a real-time patient-tracking device, TacMedCS has proven it's worth. The technology has enormous potential in my opinion. As these data travel with the patient, an entire medical history could be assembled and stored on the wristband."

What is the next step? According to Stiney, "We are going to capitalize on the lessons learned from this experience. This is not a 100-percent completed system yet, so we are going to take the information gathered by all the users over there and fine-tune the system to create a better product. I think we will have a final product ready in a year. TacMedCS will be adaptable to requirements: preventive medicine, trauma treatment, casualty evacuation, and humanitarian assistance. Whatever Navy Medicine's requirements are, we will deliver."

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Navy Medicine, Sea Power 21, and You
By Aveline V. Allen, Bureau of Medicine & Surgery Public Affairs

WASHINGTON - Aligning Navy Medicine to Sea Power 21 and Marine Strategy 21 is the goal of this year's Surgeon General's Exercise in Operational Leadership July 25-30 onboard the USNS MERCY.

"The Surgeon General's Leadership Conference will not be a conference in the usual sense as in past years," said Vice Adm. Michael L. Cowan, Medical Corps, Surgeon General of the Navy. "It will be conducted as an operational exercise onboard USNS MERCY, embarked at sea."

Cowan has chosen this year's conference theme as "Underway, Shift Colors, Navy Medicine, Sea Power 21, & Marine Corps Strategy 21."

He will meet with all of his senior medical leaders in the Navy and Marine Corps to ensure Navy Medicine is aligned with Sea Power 21 and Marine Corps Strategy 21 in five critical areas. These include readiness, optimization, integration, alignment, and covenant leadership.

The conference will also address how the global war on terrorism plays a role in influencing these five crucial elements.

"Beyond providing World Class medical care, Navy Medicine also has an important role in helping to defend our homeland," said Cowan. "Our support of National Disaster Medical System (NDMS) and other Homeland Security efforts will mean the difference between success and failure in many areas."

The outcome of these plans will help shape the future of Navy Medicine in successfully navigating upcoming challenges and opportunities, added Cowan.

Highlighting this year's conference are featured speakers Dr. Richard Carmona, United States Surgeon General, Lt. Gen. James T. Conway, Commanding General, 1st Marine Expeditionary Force, Camp Pendleton, Calif., and Dr. Sanjay Gupta, CNN international medical correspondent.

The first of its kind in the history of Navy Medicine, approximately half of the Exercise participants will be Navy Medicine Leaders serving with operational forces.

"While senior leaders will be working to address vital issues during this exercise, it cannot be emphasized enough that our success is a team effort, including every member of Navy Medicine, from the most senior admiral to the most junior corpsman," said Cowan.

Cowan urges all of the Navy Medicine family to think about how their role within Navy Medicine works toward the goals of our mission.

"With honor, courage, and commitment, we carry on the tradition of service and valor that is Navy Medicine," said Cowan.

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Forward deployed - to L.A.

By Doug Sayers, Naval Medical Center San Diego Public Affairs

SAN DIEGO - The helicopter touched down on the pad transporting a young male with a gunshot wound. The Navy trauma team was ready; waiting to jump into action once the patient was brought into the hospital. This is what they'd trained for.

This wasn't Iraq, Afghanistan or the Philippines; they were standing in the Los Angeles County and University of Southern California's (LAC+USC) Emergency Room, on 30-day orders to the Navy Trauma Training Center in Los Angeles.

The first rotation class began in September 2002, bringing members from either the Fleet Surgical Teams or the Forward Resuscitative Surgery System to LAC+USC Medical Center for intensive classroom and hands on trauma training.

Navy surgeon, Capt.(sel.) Peter Rhee, Medical Corps, heads the 10 person multidisciplinary permanent staff at LAC+USC Medical Center.

"The benefit of the trauma training at LAC+USC Medical Center cannot be overstated. A large metropolitan area such as Los Angeles County provides exposure to a high level of penetration wounds and injuries similar to what might be expected during Navy's global deployments " said Rhee.

Capt. H.R. Bohman, Medical Corps, also a Navy surgeon, is one of the rotating trauma team members who have completed the course.

"Every corpsman, nurse or physician is potentially deployable anywhere the Navy needs. The level 1 trauma training I've received so far allows me to better treat patients-whether I'm in Los Angeles, Afghanistan, or during a humanitarian mission to Latin America," he said.

Capt. Bowman, though a trainee at the Navy Trauma Training Center, is an experienced physician with multiple deployments behind him, many of those to remote or hostile areas. This holds true for others who were in the rotation with him.

They arrive individually and are formed into a team, to operate as a unit, learning the latest procedures in one of the nation's largest, busiest, most advanced civilian medical centers.

The LAC+USC Medical Center sees an average of 20 major penetrating and blunt trauma wounds and injuries everyday. Often, these are gunshot or knife wounds that a major metropolitan area would expect to see. The number and type of injuries are rough approximations of what deployed forces might see in the

field.

Rear Adm. James A. Johnson, Medical Corps, a Navy physician and surgeon, is the executive agent for the Navy Trauma Training Center and commander of Naval Medical Center San Diego.

"This cooperative effort between the County of Los Angeles, the University of Southern California and the Navy, benefits all concerned. The training our healthcare providers gain saves lives around the world, and certainly in Los Angeles where they augment the Medical Center staff, caring for the citizens who come into the ER," said Johnson.

The Navy Trauma Training Center, operated by the Naval School of Health Sciences, has already trained six classes of trauma professionals, who will bring their newly enhanced skills to the fleet.

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Bio Medical Photographers Capture the Faces of NNMC's Newest Arrivals
By Journalist 2nd Class Erik Hoffmann, National Naval Medical Center Public Affairs

BETHESDA, Md. - Expectant parents arrive at the National Naval Medical Center (NNMC) with excitement and anticipation. They leave with a bundle of newborn joy and hope. As is true in any civilian hospital, no visit to the NNMC maternity ward would be complete without a photograph of the newest addition - or additions - to the family.

That's where specially trained hospital corpsmen step in to ensure each family's memory of having their baby at NNMC is picture perfect. Like clockwork, every Monday through Friday around 8:30 a.m., Hospital Corpsman Second Class (SW/AW) Ron Rivenburgh, a bio-medical photographer assigned to the Naval Medical Education and Training Command (NMETC), makes his rounds to the Mother and Infant Care Center and the Neonatal Infant Care Unit with a camera in his hand and a smile on his face.

Though he's got a job to do, he can't help but be amused at his subjects - newborns he'll photograph as a part of NNMC's E-Baby program.

The program officially kicked off last fall, according to Rivenburgh. Prior to then, he said the hospital used a civilian photography service, but they sometimes would miss appointments. The nurse staff would then call Rivenburgh and his co-workers when needed. Since then, the medical photography department of NMETC has taken over 400 pictures.

"The command decided to let the [civilian photography service] contract expire and use us instead," Rivenburgh added. He said the decision was a good one, especially considering that the service to the parents is now free.

"[Civilian photography service] charged \$35.00 for a package of photos," he said. "What we do is take several digital photos of the child and show the images to the parents. The parent selects their favorite and we do the rest."

Before Rivenburgh takes the pictures, he asks the parents to fill out a standard consent form, giving NNMC permission to take the photo. Some of the information needed includes e-mail addresses. As the parents are filling out the form, Rivenburgh explains the process from beginning to end.

"After I take the picture, I put it in a 5 x 7 format with the child's information printed nicely. Then I send it electronically to all the e-mail addresses the parents listed," he explained.

"I think it's fantastic," said Richard Mills, whose wife, Kathleen just

gave birth to their daughter, Erin. "All my pictures are digital nowadays. The e-mail is great."

Amanda Armstrong, who recently gave birth to her son Caleb said, "We don't have family around here. It's good to e-mail the pictures to them."

Rivenburgh added that because the photos are taken with a digital camera and sent via e-mail, the command spends no money on processing film or printing the pictures. This is why there is no cost to the family.

Her husband, Alex added, "I think [the program] is excellent ... and it's free."

"It's a strong program," Rivenburgh stated. "All I ask for is a response to let me know they got their child's photo. I've received feedback from distant relatives to families stationed overseas."

Rivenburgh admitted that taking the pictures is more than just a job for him. When his wife gave birth to twins here a couple of years ago, he was very happy with how the command treated his family. "It's my way of giving back to the hospital."

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Naval Hospital Beaufort Staff Prepares to Handle CBRNE Event
By Naval Hospital Beaufort Public Affairs

BEAUFORT, S.C. - Hospital personnel throughout military and civilian healthcare settings must be prepared to respond immediately to any potential or actual chemical, biological, radiological, nuclear or environmental (CBRNE) emergency. To achieve this goal, extensive training in the classroom and in the field is required to give staff a true understanding of what treating casualties exposed to any of these agents might entail.

"OSHA mandates an initial eight hour Operational Level Decontamination Training," stated Lt. Tauseef Badar, Medical Service Corps, Naval Hospital Beaufort's (NHB) tri-command industrial hygiene officer and "volunteer" trainer in decontamination procedures. " We don't expect staff to become experts, but to be knowledgeable in all aspects of decontamination," Badar said.

Following one day of rigorous training, monthly refresher classes will be offered to help keep CBRNE response skills current.

"In the event of a CBRNE emergency, Naval Hospital Beaufort will take the position of being a secondary responder," said Lt.j.g. Eugene Osborn, Medical Service Corps, NHB's Command Emergency Manager. "We are a non-mobile unit that can handle up to 300 people; 200 here at the hospital and 50 at each of the Branch Medical Clinics," Osborn explained.

To get the real-life experience of decontaminating patients, staff dons level C training gear, which is very hot and restricts movement. Teams will work in shifts of approximately 45 minutes and then rotate to allow for some recovery time and to get re-hydrated.

"It's important to train as many as possible, as data shows that up to 80 percent of people exposed to harmful agents arrive for treatment without first being decontaminated," said Badar.

All staff at NHB will attend training, ranging from becoming familiar with how different agents work to performing decontamination procedures. Another goal is to drill with local civilian emergency managers to fully integrate and coordinate responses to any potential CBRNE event in the community.

Comfort Physical Therapy Puts the 'Fun' in Function
By Journalist Seaman Erica Mater, USNS Comfort Public Affairs

ABOARD USNS COMFORT, At Sea - Often times, the physical therapy room aboard USNS Comfort (T-AH 20) is thought of as a place to work out, when, in fact, it has been the starting point for many Comfort patients on their road to recovery.

"Our goal is to improve function," said physical therapist, Lt. Paula Godes, Medical Service Corps. "We'll never save a life, but hopefully, we'll help you move better so you can live your life more fully."

Comfort's physical therapy (PT) team is comprised of one physical therapist and five physical therapy technicians. Since March 9, PT has conducted more than 1,400 evaluation and treatment sessions.

PT's main focus is to help increase mobility and function after surgical procedures. PT is also involved with the Intensive Care Unit and burn patients. They provide burn patients with splints to keep ankles and hands in the position of function, as well as performing range of motion exercises on the patients so the joints won't "freeze" or become stiff after weeks of lying in a bed.

PT has also assumed the role of occupational therapy. They have made more than 90 splints from thermoplast and other plaster materials using a thermabath and splinting supplies. These include various splints for hand injuries and splints for functional positioning for burn patients.

"I am very blessed to have such a phenomenal crew," said Godes. "They work long hours, yet they're always upbeat and positive. They love what they do, and it shows."

The PT department ranks right up there with nurses when it comes to how much time is spent with the patients. Until the patients depart Comfort, PT continually works with the patients with various treatments and exercises. PT sees patients on a daily basis, which has played a key part in the success of Comfort PT during Operation Iraqi Freedom. It can be a daunting challenge dealing with Iraqi patients that do not speak English. The daily interaction has helped to break down any barriers that were a problem in the early stages of PT care.

"Dealing with the verbal aspect of communication, in the beginning, seemed to be very difficult and frustrating for not only the patients, but the providers, as well," said Hospital Corpsman 2nd Class Bobbi Bowman, a physical therapy technician. "Basic instructions seemed impossible."

However, as time wore on, the PT technicians began to pick up and understand words of the patient's language. Typically, the first word learned is for pain, but other words like "please," "thank you," and "you're welcome," soon followed.

The language barrier also prolonged most treatments and exercises.

"With no language barriers, a session of crutch training may take 10-15 minutes; however, with the language barriers, it has been taking up to 40 minutes," said Chief Hospital Corpsman Michael Howard.

"It is a big challenge for a simple task, but we make it look easy and have fun doing it," Howard said.

The fun doesn't stop with the treatments. For the female Iraqi civilians and female physical therapy techs, they have built a special bond. On many

occasions, the PT techs will just sit with the young teenage girls and brush their hair for them. It is this kind of interaction that the physical therapists have been able to use to build trust.

"After several treatments and taking the time to learn about them and their culture, you become closer to the patients, and you learn more special terms like 'princess' and 'bosa,' which means 'kiss,'" said Hospital Corpsman 3rd Class Erin Murphy. Murphy also says that working with the patients and gaining their trust helps during painful burn treatments and exercises.

Bowman agrees with Murphy and says it is a satisfying experience when you gain the patients trust.

"It is a great deal more rewarding when the patient teaches you versus an interpreter, as well as quite humorous to the patients," said Bowman.

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HSO Jacksonville Sailors Roll Up Sleeves For Habijax
By Journalist Chief Bill Austin, Naval Hospital Jacksonville

GREEN COVE SPRINGS, Fla.- Sailors from the Naval Healthcare Support Office (HSO), based aboard Naval Air Station Jacksonville, recently rallied together to lend helping hands for Clay Habitat for Humanity.

The Navy group conducted "finishing work" on several houses, guided by the expert eyes and hands of the Habitat staff.

Clay Habitat is an affiliate of Habitat for Humanity International, a nonprofit worldwide Christian housing organization that invites people of all backgrounds, races and religions to build houses together in partnership with families in need.

The organization was founded in 1976, and has built more than 100,000 houses around the world, providing more than 500,000 people with affordable shelter.

Clay Habitat, according to the group's Executive Director, Ron Gentry, has built around 15 to 20 houses a year since it's beginning in 1987.

"The support we receive from our military volunteers is truly tremendous," said Gentry with a smile. "They come out here just about every Wednesday, and many of them have skills we really need, like electricians, for example. They all make a difference out here," added Gentry.

Habitat is not a "free ride" though. Certain criteria must be met before the first nail is driven. Habitat houses are not sold and not given to prospective homeowners. To qualify, they must live in substandard or overcrowded housing. They also have to be able to make the mortgage payment. "Sweat equity," or several hours of work has to be given as well to either their prospective new home, or another sponsor organization to build another house.

The new Habitat houses stand out in a neighborhood dulled by neglect.

Many of the lots are covered with tall grass and weeds, and more than a few houses are simply boarded up and abandoned altogether.

"That's exactly what Habitat is all about," said a burly Marvin Taylor, who serves as one of Clay Habitat's construction supervisors.

"We go into a neighborhood and give them a cleaner look with new houses," he added.

Taylor went on to say that ten houses are currently being finished, and the goal is to have the new occupants move in by July.

At the work site, the Navy volunteers displayed great enthusiasm for the day ahead.

"I'm extremely happy to be here helping out in my community," said Orange Park resident, Hospital Corpsman Third Class Misty Racquer, as she prepared to cut a piece of vinyl siding. "There is no way to explain the feeling I get knowing that I'm helping someone in need," she added.

Many of the HSO Sailors have been involved in Habitat projects before.

Hospital Corpsman Second Class Tara Strickland is on her third construction site.

"This has been another great opportunity to make a difference in my community," said Strickland, who resides in Orange Park. "Each time I volunteer I learn a new skill that I can use one day when I own my own home," she added.

At the end of the day, spirits remained high as the Sailors said their goodbyes and headed home.

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Healthwatch: May is National High Blood Pressure Education Month
By Aveline V. Allen, Bureau of Medicine & Surgery Public Affairs

WASHINGTON - Do you or a loved one suffer from high blood pressure? If so, you may be able to control it, but if you don't have high blood pressure, it is never too early to learn how to protect yourself from the "silent killer."

Medical research shows that 50 million American adults have high blood pressure, while 60 percent of all Americans 60 years old and older are affected by it. It is also reported to be more common among African Americans, who may get it earlier, and more often than Caucasians.

Blood pressure rises and drops during the course of the day. According to the National Heart, Lung and Blood (NHLB) Institute, high blood pressure occurs when a person's blood pressure stays elevated over time. They report that new clinical practice guidelines released this month feature altered blood pressure categories, including a new "prehypertension" level-which covers about 22 percent of American adults or about 45 million persons. These guidelines have been approved by the Coordinating Committee of the NHLBI's National High Blood Pressure Education Program (NHBPEP). More information on these guidelines can be found at <http://www.nhlbi.nih.gov/new/press/03-05-14.htm>.

High blood pressure is often referred to as the silent killer because many times there are no symptoms associated with it. However, the medical term for high blood pressure is hypertension. It is a very serious and dangerous condition because it makes the heart work too hard and may produce hardening of the arteries, according to medical research.

"Periodic screening for hypertension (or high blood pressure) should be measured in adults greater than or equal to 21 years of age," said Cmdr. Jeffrey B. Cole, medical corps, and Head, General Internal Medicine Division, Naval Medical Center Portsmouth, Va.

While research on high blood pressure is ongoing, there are certain risk factors associated with it. These include a family history of early heart disease, overweight, physical inactivity, high blood cholesterol and cigarette smoking.

"For persons believed to have a normal blood pressure -- less than or equal to 140 mm Hg systolic and less than or equal to 85 mm Hg diastolic, measurements should occur at least every two years" said Cole. "Blood pressure should be measured annually if the diastolic pressure rises to the 85-90 mm Hg range, or if certain demographic risk factors exist such as African-American heritage, moderate or greater obesity, immediate family -- mother, father, sister, brother with hypertension or a personal history of hypertension."

In an effort to control or prevent high blood pressure, you can follow some simple steps outlined by NHLB.

- maintain a healthy weight

- exercise

- maintain a healthy eating plan, with foods lower in salt and sodium

- if you already have high blood pressure and have prescription medication for it, make sure you take it as instructed.

Experts recommend having your body mass index (BMI) checked. Your weight should be in proportion to your height. Once you have your weight under control, exercise on a

regular basis. Medical research has shown 30-minutes a day of moderate-level activity, such as brisk walking, bicycling, swimming or dancing is great for physical activity.

In addition to maintaining your weight and exercising, eat healthy foods. These should include fresh, frozen or canned vegetables with "no salt added", and fresh poultry, fish and lean meat. Medical experts also recommend using herbs, spices and salt-free seasoning when cooking foods. You should also cook rice, pasta and hot cereals without salt. A good rule of thumb to remember is always check out the food labels on products to see how much salt and sodium is in a particular product.

"While lifestyle modification, such as exercise, diet, and tobacco cessation, is an important factor in the treatment of hypertension, early treatment of hypertension by medication, when necessary, should not be delayed, due to both short and long-term complications of untreated hypertension," said Cole.

Additional information on preventing and controlling high blood pressure can be found at <http://health.nih.gov>.

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